



Fee: \$150  
(Plan Review Fee)

## TOWN OF ROCKPORT

### BOARD OF HEALTH

34 Broadway

Rockport, Massachusetts 01966

Telephone 978 -546-3701 Fax: 978-546-5013

www.rockportma.gov

### APPLICATION FOR PERMIT TO CONSTRUCT A SWIMMING POOL

Application is hereby made for a permit to construct a public or semi-public pool in accordance with the State Sanitary Code, Chapter V, 105 CMR 435:000: *Minimum Standards for Swimming Pools*.

Pool Name or Location: \_\_\_\_\_

#### APPLICANT INFORMATION:

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant is ( ) Owner ( ) Operator ( ) Other: \_\_\_\_\_

Type of Pool: ( ) Swimming ( ) Wading ( ) Special Purpose: \_\_\_\_\_

Pool to be: ( ) Public ( ) Semi-Public: \_\_\_\_\_

*List all plans and documents submitted as part of this application:*

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_

OFFICE USE ONLY: Approved By: \_\_\_\_\_ Date: \_\_\_\_\_